



PART C - CHARGE TO DEPOSIT ACCOUNT

1. CORRESPONDENCE ADDRESS

ESM1/0210
 WATTS, HOFFMANN, FISHER & HEINKE CO.
 SUITE 2850
 100 ERIEVIEW PLAZA
 CLEVELAND, OH 44114-1824

EE

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/057,662	05/04/93	010	MILLER, H	2515 02/08/95
First Named Applicant	WEST.	JOHN		

TITLE OF
INVENTION MULTISTABLE CHIRAL NEMATIC DISPLAYS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 12199C2	359-091.000	169	UTILITY	YES	\$605.00	05/08/95

DO NOT USE THIS SPACE

Watts, Hoffmann,

Fisher & Heinke Co.

250 MH 05/24/95 08057662

1 242 605.00 DK

Kent State University

Kent, Ohio

2a. The following fees are enclosed:

Issue Fee Advance Order - # of Copies _____

2b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 23-0630

Issue Fee Advance Order - # of Copies _____

Any Deficiencies in Enclosed Fees _____

The COMMISSIONER OF PATENTS AND TRADEMARKS is
requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

7/8/95

NOTE: The Issue Fee will not be accepted from anyone other than the
applicant; a registered attorney or agent; or the assignee or other party
in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT

G. Poindexter

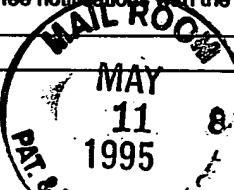
PART B—ISSUE FEE TRANSMITTAL

605-242

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

WATTS, HOFFMANN & FISHER & HEINKE CO.
SUITE 2850
100 ERIEVIEW PLAZA
CLEVELAND, OH 44114-1824



E5M1/0210

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

 Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FLING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/057,662	05/04/93	010	MILLER, H	2515 02/08/95
First Named Applicant	WEST,	JOHN		

TITLE OF
INVENTION MULTISTABLE CHIRAL NEMATIC DISPLAYS

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2	12199C2	359-091.000	I69	UTILITY	YES	\$605.00	05/08/95

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1. Watts, Hoffmann,
2. Fisher & Heinke Co.
3. _____

050 MH 05/24/95 08057662

DO NOT USE THIS SPACE

1 242 605.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Kent State University

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Kent, Ohio

 This application is NOT assigned. Assignment previously submitted to the Patent and Trademark Office. Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

 Issue Fee Advance Order - # of Copies _____

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 23-0630

(ENCLOSE PART C) Issue Fee Advance Order - # of Copies _____ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The issue fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE